

State of Washington DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Consumer Services

P.O. Box 41200 ◆ Olympia, Washington 98504-1200 Telephone (360) 902-8703 ◆ TDD (360) 664-8126 ◆ FAX (360) 664-2258

MORTGAGE BROKER REQUEST FOR APPROVAL TO MAINTAIN RECORDS AT AN OUT OF STATE LOCATION

Comp	oany Name:			
Trade	Name:			
Licen	sed Location:			
license	e does hereby	* * * *	m the Direct	amed applicant for Mortgage Broker for of the Department of Financial
Recor	ds Location:			
Custo	dian:			
Phone Number:		Fax number:		
The a 19.14 exami	applicant agrees 6.060 and WA	s to provide the Direc C 208-660-140. The a	tor with acce	the location of records immediately. ess to the records pursuant to RCW rees to pay all costs associated with irfare, per diem, accommodations,
By:			Date:	
	signature of applican	s's authorized representative		
	printed name of autho	prized representative and title		authorized representative's business address
	authorized representa	tive's business phone		authorized representative's city, state, zip

Issuance of a Mortgage Broker license to the above licensed location will constitute the Director's approval of this request. Failure to comply with this agreement may be grounds for revocation in accordance with RCW 19.146.220.